

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Kealy for Congress

ADDRESS (number and street)

44489 Town Center Way

Suite D446

☐ Check if different
than previously
reported. (ACC)

Palm Desert

CA

92660

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00595124

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

CA

36

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☒

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

11 / 22 / 2015

through

M M / D D / Y Y Y Y

12 / 31 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Briana Baleskie

Signature of Treasurer

Briana Baleskie

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 05 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 20

Write or Type Committee Name

Kealy for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	46228.00	46228.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	46228.00	46228.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1797.22	1797.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1797.22	1797.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	294530.78	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	250100.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 20

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kealy for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	2		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

44006.50

44006.50

(ii) Unitemized.....

1154.00

1154.00

(iii) TOTAL of contributions from individuals ▶

45160.50

45160.50

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

1067.50

1067.50

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

46228.00

46228.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

250100.00

250100.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

250100.00

250100.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

296328.00

296328.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1797.22	1797.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1797.22	1797.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	296328.00
25. SUBTOTAL (add Line 23 and Line 24).....	296328.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1797.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	294530.78

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kealy for Congress

Full Name (Last, First, Middle Initial)

Raymond Cross

Mailing Address 5301 Waters Edge Trail

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fellowship Bible ChurchOccupation
Pastor & CPA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Dale Dielman

Mailing Address 2089 Carnation Ave

City

Hemet

State

CA

Zip Code

92545

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/AOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Roy A Fahringer

Mailing Address 1726 Ohio Avenue

City

Long Beach

State

CA

Zip Code

90804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom Pump & EquipmentOccupation
Sales

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5900.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kealy for CongressFull Name (Last, First, Middle Initial)
A. Roy A Fahringer

Mailing Address 1726 Ohio Avenue

City	State	Zip Code
Long Beach	CA	90804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Custom Pump & EquipmentOccupation
Sales

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		30		2015

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period

2300.00

Full Name (Last, First, Middle Initial)
B. Robert Fraser

Mailing Address 8017 Aladdin Drive

City	State	Zip Code
Laurel	MD	20723

FEC ID number of contributing
federal political committee.

C

Name of Employer
DODOccupation
Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		25		2015

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
C. Kyle Girod

Mailing Address 510 Highland Crossing Street

City	State	Zip Code
Baton Rouge	LA	70810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baton Rouge Orthopaedic ClinicOccupation
Spine Surgeon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Kealy for Congress

A. Full Name (Last, First, Middle Initial) Vicki Graeff		Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2015	
Mailing Address 2000 Briarcliff Lane		Transaction ID : SA11AI.4113	
City Lincoln	State CA	Zip Code 95648	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
B. Full Name (Last, First, Middle Initial) Vicki Graeff		Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2015	
Mailing Address 2000 Briarcliff Lane		Transaction ID : SA11AI.4181	
City Lincoln	State CA	Zip Code 95648	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A	Occupation Retired		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5400.00		
C. Full Name (Last, First, Middle Initial) Allison Kealy		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2015	
Mailing Address 6825 Silver Ponds Hts		Transaction ID : SA11AI.4220	
City Colorado Springs	State CO	Zip Code 80908	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tim Kealy Insurance Agency Inc	Occupation Insurance Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		
SUBTOTAL of Receipts This Page (optional).....		8100.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kealy for Congress

A. Full Name (Last, First, Middle Initial) Allison Kealy		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2015									
Mailing Address 6825 Silver Ponds Hts		Transaction ID : SA11AI.4221											
City Colorado Springs	State CO	Zip Code 80908											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1900.00</div>											
Name of Employer Tim Kealy Insurance Agency Inc	Occupation Insurance Agent												
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>4600.00</div>												

B. Full Name (Last, First, Middle Initial) David Kealy		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>12</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		12		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		12		2015									
Mailing Address 1314 Laguna Seca Ct.		Transaction ID : SA11AI.4155											
City Banning	State CA	Zip Code 92220											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>356.50</div>											
Name of Employer N/A	Occupation Retired												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>406.50</div>												

C. Full Name (Last, First, Middle Initial) Tim Kealy		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>31</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		31		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		31		2015									
Mailing Address 6825 Silver Ponds Hts		Transaction ID : SA11AI.4216											
City Colorado Springs	State CO	Zip Code 80908											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>2700.00</div>											
Name of Employer Tim Kealy Insurance Agency Inc	Occupation Insurance Agent												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2700.00</div>												

SUBTOTAL of Receipts This Page (optional).....		<div>4956.50</div>
TOTAL This Period (last page this line number only).....		<div></div>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Kealy for Congress

Full Name (Last, First, Middle Initial)

Tim Kealy**A.**

Mailing Address 6825 Silver Ponds Hts

City

Colorado Springs

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tim Kealy Insurance Agency Inc

Occupation

Insurance Agent

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2015

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Burton McGinty**B.**

Mailing Address 450 Town Creek Road

City

Cold Springs

State

TX

Zip Code

77331

FEC ID number of contributing
federal political committee.

C

Name of Employer

McGinty, Inc.

Occupation

Business Owner

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.4175

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Burton McGinty**C.**

Mailing Address 450 Town Creek Road

City

Cold Springs

State

TX

Zip Code

77331

FEC ID number of contributing
federal political committee.

C

Name of Employer

McGinty, Inc.

Occupation

Business Owner

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

5400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2015

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period

2700.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

8100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kealy for Congress

A. Full Name (Last, First, Middle Initial) Laneda McGinty		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>18</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		18		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		18		2015									
Mailing Address 450 Town Creek Road		Transaction ID : SA11AI.4179											
City Cold Springs	State TX	Zip Code 77331	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table>	2700.00									
2700.00													
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer McGinty, Inc.	Occupation Business Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2700.00</td> </tr> </table>		2700.00										
2700.00													
B. Full Name (Last, First, Middle Initial) Laneda McGinty		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>18</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		18		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		18		2015									
Mailing Address 450 Town Creek Road		Transaction ID : SA11AI.4180											
City Cold Springs	State TX	Zip Code 77331	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table>	2700.00									
2700.00													
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer McGinty, Inc.	Occupation Business Owner												
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>5400.00</td> </tr> </table>		5400.00										
5400.00													
C. Full Name (Last, First, Middle Initial) Julia Orr		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>28</td> <td></td> <td>2015</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	12		28		2015
M M M	/	D D D	/	Y Y Y Y Y Y									
12		28		2015									
Mailing Address 140 Jersey Street		Transaction ID : SA11AI.4174											
City San Francisco	State CA	Zip Code 94114	Amount of Each Receipt this Period <table border="1"> <tr> <td>2700.00</td> </tr> </table>	2700.00									
2700.00													
FEC ID number of contributing federal political committee. <div>C</div>													
Name of Employer Steve Orr & Associates	Occupation Business Owner												
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <table border="1"> <tr> <td>2700.00</td> </tr> </table>		2700.00										
2700.00													
SUBTOTAL of Receipts This Page (optional).....		<table border="1"> <tr> <td>8100.00</td> </tr> </table>		8100.00									
8100.00													
TOTAL This Period (last page this line number only).....		<table border="1"> <tr> <td></td> </tr> </table>											

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Kealy for Congress

Full Name (Last, First, Middle Initial)

Stephen Orr

Mailing Address 140 Jersey Street

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steve Orr & AssociatesOccupation
Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

2700.00

Full Name (Last, First, Middle Initial)

Stephen Orr

Mailing Address 140 Jersey Street

City

San Francisco

State

CA

Zip Code

94114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steve Orr & AssociatesOccupation
Business Owner

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		28		2015

Transaction ID : SA11AI.4172

Amount of Each Receipt this Period

2100.00

Full Name (Last, First, Middle Initial)

Ed Soo

Mailing Address 4120 Douglas Blvd
Suite 306-433

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing
federal political committee.

C

Name of Employer
First Service Insurance AgentsOccupation
Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		26		2015

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5800.00

44006.50

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 20

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Kealy for Congress

A. Full Name (Last, First, Middle Initial) Dwight Kealy		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 18 / 2015	
Mailing Address 44489 Town Center Way Suite D446		Transaction ID : SA11D.4195	
City Palm Desert	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C H6CA36174		Amount of Each Receipt this Period 234.45	
Name of Employer Kealy for Congress	Occupation Candidate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100334.45		
B. Full Name (Last, First, Middle Initial) Dwight Kealy		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2015	
Mailing Address 44489 Town Center Way Suite D446		Transaction ID : SA11D.4193	
City Palm Desert	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C H6CA36174		Amount of Each Receipt this Period 149.65	
Name of Employer Kealy for Congress	Occupation Candidate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100484.10		
C. Full Name (Last, First, Middle Initial) Dwight Kealy		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2015	
Mailing Address 44489 Town Center Way Suite D446		Transaction ID : SA11D.4191	
City Palm Desert	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C H6CA36174		Amount of Each Receipt this Period 84.80	
Name of Employer Kealy for Congress	Occupation Candidate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100568.90		
SUBTOTAL of Receipts This Page (optional).....		468.90	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 20

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Kealy for Congress

A. Full Name (Last, First, Middle Initial) Dwight Kealy		Date of Receipt M M / D D / Y Y Y Y Y 12 / 23 / 2015	
Mailing Address 44489 Town Center Way Suite D446		Transaction ID : SA11D.4189	
City Palm Desert	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C H6CA36174		Amount of Each Receipt this Period 119.70	
Name of Employer Kealy for Congress	Occupation Candidate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100688.60		
B. Full Name (Last, First, Middle Initial) Dwight Kealy		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2015	
Mailing Address 44489 Town Center Way Suite D446		Transaction ID : SA11D.4186	
City Palm Desert	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C H6CA36174		Amount of Each Receipt this Period 324.25	
Name of Employer Kealy for Congress	Occupation Candidate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 101012.85		
C. Full Name (Last, First, Middle Initial) Dwight Kealy		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2015	
Mailing Address 44489 Town Center Way Suite D446		Transaction ID : SA11D.4224	
City Palm Desert	State CA	Zip Code 92660	
FEC ID number of contributing federal political committee. C H6CA36174		Amount of Each Receipt this Period 154.65	
Name of Employer Kealy for Congress	Occupation Candidate		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 101167.50		
SUBTOTAL of Receipts This Page (optional).....		598.60	
TOTAL This Period (last page this line number only).....		1067.50	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
Kealy for Congress

A. Full Name (Last, First, Middle Initial)
Dwight Kealy

Mailing Address 44489 Town Center Way
Suite D446

City State Zip Code
Palm Desert CA 92660

FEC ID number of contributing federal political committee. **C** H6CA36174

Name of Employer Occupation
Kealy for Congress Candidate

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	22	2015

Transaction ID : SA13A.4135

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dwight Kealy

Mailing Address 44489 Town Center Way
Suite D446

City State Zip Code
Palm Desert CA 92660

FEC ID number of contributing federal political committee. **C** H6CA36174

Name of Employer Occupation
Kealy for Congress Candidate

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
100100.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	07	2015

Transaction ID : SA13A.4169

Amount of Each Receipt this Period

100000.00

C. Full Name (Last, First, Middle Initial)
Dwight Kealy

Mailing Address 44489 Town Center Way
Suite D446

City State Zip Code
Palm Desert CA 92660

FEC ID number of contributing federal political committee. **C** H6CA36174

Name of Employer Occupation
Kealy for Congress Candidate

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
251167.50

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	31	2015

Transaction ID : SA13A.4215

Amount of Each Receipt this Period

150000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

250100.00

250100.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kealy for Congress

Full Name (Last, First, Middle Initial)

A. David Kealy

Mailing Address 1314 Laguna Seca Ct.

City	State	Zip Code
Banning	CA	92220

Purpose of Disbursement
In-kind - Meeting Expenses & Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 12 / 2015

Amount of Each Disbursement this Period

356.50

Transaction ID : SB17.4156

B. Dwight KealyMailing Address 44489 Town Center Way
Suite D446

City	State	Zip Code
Palm Desert	CA	92660

Purpose of Disbursement
In Kind - Meeting Materials

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y
12 / 18 / 2015

Amount of Each Disbursement this Period

234.45

Transaction ID : SB17.4202

c. Dwight KealyMailing Address 44489 Town Center Way
Suite D446

City	State	Zip Code
Palm Desert	CA	92660

Purpose of Disbursement
In Kind - Meeting Materials

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: CA District: 36

Date of Disbursement

M M / D D / Y Y Y Y
12 / 21 / 2015

Amount of Each Disbursement this Period

149.65

Transaction ID : SB17.4201

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

749.60

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kealy for Congress

Full Name (Last, First, Middle Initial)

A. Dwight KealyMailing Address 44489 Town Center Way
Suite D446City State Zip Code
Palm Desert CA 92660Purpose of Disbursement
In Kind - Meeting Materials

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: CA District: 36

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2015

Amount of Each Disbursement this Period

84.80

Transaction ID : SB17.4199

B. Dwight Kealy

Full Name (Last, First, Middle Initial)

Mailing Address 44489 Town Center Way
Suite D446City State Zip Code
Palm Desert CA 92660Purpose of Disbursement
In Kind - Meeting Materials

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: CA District: 36

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2015

Amount of Each Disbursement this Period

119.70

Transaction ID : SB17.4200

c. Dwight Kealy

Full Name (Last, First, Middle Initial)

Mailing Address 44489 Town Center Way
Suite D446City State Zip Code
Palm Desert CA 92660Purpose of Disbursement
In-kind - Meeting Materials

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: CA District: 36

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2015

Amount of Each Disbursement this Period

324.25

Transaction ID : SB17.4187

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

528.75

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Kealy for Congress

Full Name (Last, First, Middle Initial)

A. Dwight KealyMailing Address 44489 Town Center Way
Suite D446City State Zip Code
Palm Desert CA 92660Purpose of Disbursement
In-kind - Meeting Materials

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: CA District: 36

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2015

Amount of Each Disbursement this Period

154.65

Transaction ID : SB17.4225

B. WidgetMakrMailing Address 1593 Spring Hill Road
Suite 400City State Zip Code
Tysons Corner VA 22182Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2015

Amount of Each Disbursement this Period

29.90

Transaction ID : SB17.4140

c. WidgetMakrMailing Address 1593 Spring Hill Road
Suite 400City State Zip Code
Tysons Corner VA 22182Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		29		2015

Amount of Each Disbursement this Period

67.50

Transaction ID : SB17.4154

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

252.05

1521.40

SCHEDULE C (FEC Form 3)
LOANS

PAGE 18 OF 20

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4135

Kealy for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Dwight Kealy

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

44489 Town Center Way
Suite D446

City

State

ZIP Code

Palm Desert

CA

92660

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 22 / 2015

Date Due

M M / D D / Y Y Y Y
6/1/2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 20

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4169

Kealy for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Dwight Kealy

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

44489 Town Center Way
Suite D446

City

State

ZIP Code

Palm Desert

CA

92660

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 07 / 2015

Date Due

M M / D D / Y Y Y Y
6 / 1 / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 20

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4215

Kealy for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2016

Dwight Kealy

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

44489 Town Center Way
Suite D446

City

State

ZIP Code

Palm Desert

CA

92660

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 / 31 / 2015

Date Due

M M / D D / Y Y Y Y
6 / 1 / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

150000.00

TOTALS This Period (last page in this line only)..... ►

250100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.